

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
APCD/Case Mix Application Fee
Remittance Form**

Applicant name: _____

Organization: _____

Project Title: _____

Date Application Submitted on IRBNet: _____

Address: _____

Phone number: _____

Email address: _____

☐ Level 1 Data (\$100.00)

☐ Level 2 Data (\$300.00)

Please refer to the fee schedules for APCD (Administrative Bulletin 13-11) and Case Mix data (Administrative Bulletin 13-09) for information related to applicable fees.

Make checks payable to:

Commonwealth of Massachusetts

Mail payment and form to:

**Center for Health Information & Analysis
Two Boylston Street, 5th Floor
Boston, MA 02116**